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FORM PTO-1083

356409.00100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

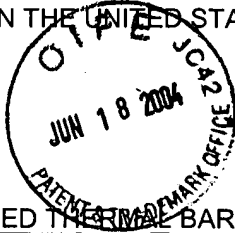
In re application of:

SUDRE, Olivier, et al.

Serial No: 10/057,184

Filed: January 23, 2002

For: MONZANITE-BASED THERMAL BARRIER COATINGS



Art Unit: 1775

Examiner: Jennifer McNeil

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450, on  
June 16, 2004

Date of Deposit  
Heather B. Centurioni  
Name

Signature *He* Date 06/16/04

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ A certified copy of \_\_\_ Patent Application No. \_\_\_ filed \_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
☒ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	38	-	43	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**  
☐ A check in the amount of \$\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number 356409.00100. **A copy of this sheet is enclosed.**  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
REED SMITH LLP

Date: June 16, 2004

By: *Stefan J. Kirchanski*  
Stefan J. Kirchanski  
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PATENT

Docket No. 356409.00100  
(Former Docket No. 26409.00100)

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16 June 2004

Date of Deposit

Heather Centurioni

Name

*Heather Centurioni*

**AMENDMENT AFTER FINAL REJECTION(Revised Format)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated 16 March 2004 please amend  
the above-identified application as follows (note, these amendments are made  
solely to place the case into condition for allowance :

Amendments to the Claims begin on page 2 of this paper

Remarks begin on page 9 of this paper.